

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Independence

Length of stay in 1b
lifec. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Independence Sanitarium

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Jackson

c. CITY
OR
TOWN

Independence

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
205 South AshReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Mr. GEORGE E. McCARTY

4. DATE
OF
DEATH

Month

Day

Year

April 5, 1964

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-9-91

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Bricklayer - Retired

10b. KIND OF BUSINESS OR INDUSTRY

Construction

11. BIRTHPLACE (City and state or country)

Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Henry McCarty

13b. MOTHER'S MAIDEN NAME

Molly Clark

14. NAME OF HUSBAND OR WIFE

Helena McCarty

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv

no

none

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Helena McCarty - of the home

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Metastatic Carcinoma

INTERVAL BETWEEN
ONSET AND DEATH

undet

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Carcinoma of Left Lung

undet

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Arteriosclerotic heart Disease

PART III. If deceased was female was
there a pregnancy in last 90 days☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-26-64 to 4-5-64 and last saw him alive on 4-5-64
Death occurred at 10:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dallas B. Fouts, M.D.

22b. ADDRESS

10901 Whinnier Rd.

22c. DATE SIGNED

4-7-64

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

4-8-64

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Mellody-McGilley-Eylar Funeral Home

25. DATE RECD. BY LOCAL REG.

4-7-64

26. REGISTRAR'S SIGNATURE

Alma L. Craig

Linwood & WOODLAND

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

1 700.5

2 700.5

3

4 0

5 1

6

7 0

8 1

9 1/63x

10

11

12 1-0

13 1-0

Dr. Wallace B. Fouts
office 10901 E. Wimmer Rd - TE3-3311
home 13101 E. 4th TE3-3088

APR 15 1964

MAR 23 1965

STATEMENT BY LICENSED EMBALMER

4-7-64

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Hayden T. Dieckman

Licensed Embalmer No. 5120

P. O. Address K. C. 11, mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.